	PATENT	APPLICATIO Effect	RD	Application or Docket Number 1e757438									
		SMALI			· (OTHER							
<u> </u>						(Column 2)		TYPE		OR	SMALL ENTIT		
TOTAL CLAIMS			10				RAT	E	FEE		RATE	FEE	\Box
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00)
TOTAL CHARGEABLE CLAIMS			/ Q. minus 20=		s		X\$ 9	=		OR	X\$18=	}	
INDEPENDENT CLAIMS			/ minus 3 =		*		'X43	=		OR	X86=		The same of
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT				+145	_	<u> </u>	OR	+290=		_
* If the difference in column 1 is less than zero, enter "0" in column 2								L		OR	TOTAL	770	_
CLAIMS AS AMENDED - PART II								,		UK	OTHER	THAN	+
(Column 1) (Column 2) (Column 3)							SMAI	L E	YTITM	OR	SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
	Total	. 10	Minus	-20)	=	X\$ 9	-		OR	X\$18=		HORALINGA .
	Independent	· /	Minus	3		=	X43=	.		OR	X86=		7
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT C						+145	_		OR	+290=		1
R (Column 1) (Column 2) (Column 3)								AL		00	TOTAL		4
								EE L		OR ,	ADDIT. FEE		4
AMENDMENT B		(Column 1) CLAIMS		HIGH	EST			7	ADDI-	1		ADDI-	┨
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	RATE		IONAL FEE		RATE	TIONA	
	T tal	. 10	Minus	-24	<u> </u>	= '	X\$ 9:	- .		OR	X\$18=		
	Independent	* /	Minus	3) 	=	X43=			OR	X86=		- Granda
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1			+290=		1
							+145:	L_		OR	TOTAL	•	4
						•	ADDIT. FI		J	OR ,	ADDIT. FEE		4
	\	(Column 1)		(Colum		(Column 3)	,						4
AMENDMENT C	•	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	X\$ 9=			OR	X\$18=		Total Control
	Independent	*	Minus	***	•	=	X43=	\top		ŀ	X86=		1
Ø	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							- -		OR			-
• 1	the entre in select	mn 1 ic lace then th	a antovia acti	ima 2 weita	*0* ia eo	huma 3 .	+145=			OR	+290=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT. FEE		4
		ber Previously Paid					found in the	appro	priate box	in col	umn 1.		Despitation of the last of the

FORM PTO-875 (Rev. 10/03)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE